



## Application for Extended Leave (L)

To be completed by parent/caregiver for leave from St Edward's College of three or more days

Student Details					
Family Name	Given Name	DOB	Age	Grade	Tutor

Address:

	Postcode:
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School Details	
School name: St Edward's College, Gosford	School Telephone No: (02) 4321 6400

Application for Extended Leave			
Dates leave applied for:	From: ..... / ..... / .....	To: ..... / ..... / .....	Total number of school days:
Reason for leave:			

If applicable, relevant travel documentation such as an eTicket (in the case of flight bound travel) or itinerary (in the case of non-flight bound travel within Australia only) must be attached to this application.

<b>Are there any prior or current leave applications?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, provide details below)</i>
Dates of prior/current leave/exemption(s) applied for	From:	To:	No. of school days:



**Parent/Caregiver Details (applicant)**

Family name:

Given name(s):

Address:

Postcode:

Contact Tel:

Relationship to student:

**Declaration and Signature**

As the parent/caregiver and applicant for the above mentioned student, I hereby apply for *Extended Leave* and understand my child/children will be granted a period of extended leave upon acceptance by the principal of the reason provided.

I understand that, if the application is accepted:

- I am responsible for the supervision of the student during the period of extended leave
- the accepted period of extended leave is limited to the period indicated
- the accepted period of extended leave is subject to the conditions outlined in the *Extended Leave* approval correspondence
- the period of extended leave will count towards my child's/children's absences from school.

I declare that the information provided in this application for *Extended Leave* is, to the best of my knowledge and belief; accurate and complete. I recognise that, should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

I further recognise that a failure to comply with any condition set out in the application may result in the exemption being revoked.

.....  
*Signature of parent/s*

.....  
*Date*

**Privacy Statement**

The information provided will be used to process the student's Application for an *Extended Leave* during the period indicated. It will only be disclosed for the following purposes

- general student administration relating to the education and welfare of the student
- communication with students and parents
- to ensure the health, safety and welfare of students, staff and visitors to the school
- state and national reporting purposes
- for any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

**Once you have completed and signed this application please return this form to the Admin Coordinator.**

OFFICE USE ONLY	Leave Approved	Leave Not Approved
Principal's signature		